Work Experience Application Form Own Placements ONLY

Please return to Student Services *Friday 14*th *December 2018*

FIRST NAME:
SURNAME:
MENTOR GROUP:
ADDRESS:
POST CODE:
HOME/ MOBILE PHONE:
DATE OF BIRTH///
AGE (when out on Work Experience in July 2019):

SUBJECT DETAILS

Target Grades	Subjects being studied in Year 10 (options)	Target Grades
	Grades	Grades (options)

Name of Company:	
Address of Company:	
Phone Number:	
Email address:	
Name of the contact person at the Company:	
Type of Business:	
What stage has your request reached?	
Why did you choose this placement?	
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1. LEISURE ACTIVITIES: Write about your hobbies, interests, clubs you belong to enjoy doing in your free time, etc.	, what you

B) OWN PLACEMENT: Please complete *all* the following details:

future? (Do you wish to go to university, work, what	•
	
3. WORK EXPERIENCE: Give details of any previous and/or voluntary work including dates:	us employment (part-time or Saturday jobs)
4. ACHIEVEMENTS: List 3 achievements that you a 100% attendance, participating in any local/school	
1	
2	
3	
5. HEALTH: Do you suffer from any illness or do yokind of work you are able to do? Yes / No	ou have any disability that might affect the
If yes, please provide details.	
Parents/Carer comments:	
Parent/Carer signature:	Date:
Student signature:	Date: